University of Arizona College of Medicine
Graduate Medical Education Committee Report
To the General Faculty
November 2011

GME Office Update

Dr. Conrad Clemens has accepted the appointment of Associate Dean of Graduate Medical Education (GME) and ACGME Designated Institutional Official (DIO) effective October 31, 2011. Dr. Clemens has been serving in the Interim role since the retirement of Dr. Rebecca Potter on April 1, 2011. Dr. Clemens has significant experience in GME. He most recently served as the Director for the Pediatric Residency Program, Co-Director for the Pediatrics/Emergency Medicine Residency Program and as the Chair of the Graduate Medical Education Committee (GMEC).

The quarterly Chief Resident Dinner continues to be a successful forum. All Chief Residents are invited to meet with the Associate Dean for GME/DIO and GME Director to discuss issues relating to the residents' work environment and education. These have been very effective in identifying issues of concern for our residents.

The GME Office has relocated to 2nd Floor in Room 2233 (formerly AHSC Human Resources). All other contact information is the same.

Dr. Gail Schwartz continues to serve as the Housestaff Counselor. She can be reached in her office at (520) 544-4245.

GMEC Activities

The GMEC, and the Designated Institutional Official (DIO), continue the charge to monitor and oversee all aspects of graduate medical education in the college. The GMEC and the DIO are responsible for oversight of the quality of education and the work environment for residents and fellows in all programs.

There are currently 41 ACGME-accredited and 9 non-ACGME accredited residency programs at the University of Arizona with over 545 residents and fellows.

New Program Directors and Programs

New Program Director appointments include:

Emergency Medicine: Albert Fiorello, M.D.
Hematology/Oncology: Ravi Krishnadasan, M.D.
Neurology: Kendra Drake, M.D.
Peds Pulmonary: Wayne Morgan, M.D.
Pulmonary and Critical Care: James Knepler, M.D
Radiation Oncology: Lisa Hazard, M.D.

The GMEC appreciates the dedication and service that those listed below have recently stepped down from their Program Director positions:

Rick Ahmann, M.D. – Hematology/Oncology
Mark Brown, M.D. – Peds Pulmonary
Shona Dougherty, M.D. – Radiation Oncology
Sam Keim, M.D. – Emergency Medicine
Hemant Kudrimoti, M.D. – Neurology
Linda Snyder, M.D. – Pulmonary and Critical Care

Internal Reviews

The Internal Review is a comprehensive process with involves faculty and residents in a self-study exercise. During the past year the GMEC has conducted Internal Reviews on the following training programs:

- Family Medicine
- Interventional Cardiology
- Molecular Genetic Pathology
- Thoracic Surgery.

ACGME Site Visits

There were several ACGME site visits this past year. Programs pending site visit results include:

- Gastroenterology
- Pathology
- Molecular Genetic Pathology
- Pediatrics
- Psychiatry
- Child Psychiatry
- Radiation Oncology
- Surgery
- Neurosurgery
- Urology

The GMEC reviews all ACGME program accreditation letters and monitors action plans for correction of citations and areas of noncompliance. Upcoming site visits: Anesthesiology, Family Medicine, Ophthalmology, Neuroradiology and Vascular Interventional Radiology.

Resident Duty Hours

The ACGME has approved a set of requirements that went into effect July 1, 2011. The new standards include graduated standards for duty hours and are designed to better match residents' levels of experience and emerging competencies. The standards are based on recommendations made by the Institute of Medicine (IOM) in 2008. The new standards retain the current duty hour limit of 80 hours per week, averaged over four weeks, but specify more detailed directives for levels of supervision necessary for first-year residents. The standards also reduce duty periods of PGY-1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions. Other changes include setting higher requirements for teamwork, clinical responsibilities, communication, professionalism, personal responsibility, transitions of care and more specific requirements for alertness management and fatigue mitigation. External moonlighting must count towards the 80 hour work week.

The new Institutional Duty Hour policy is attached.

Resident Evaluation

Resident Focus Groups continued this year. Program Directors reviewed programs other than their own by meeting with residents and reviewing the ACGME Resident Survey with the residents. The survey served as a basis for discussion of any educational and/or work environment needs identified by residents. Many of the Program Directors involved in the Resident Focus Groups have indicated that this was a gratifying process.

Dr. Heather Reed continued to provide educational consulting to programs in the areas of assessing, developing, and updating competency-based curricula, teaching tools and methods, and systems for

regular evaluation and feedback. Dr. Reed's responsibilities also include participation in the GMEC's Internal Review process providing feedback to programs regarding learning activities and assessment procedures as they relate to the ACGME competencies.

Resident Participation in Patient Safety and Quality of Care Education

Under the leadership of Dr. Andy Theodorou, a Resident Quality Council has been formed at both the UAMC-University Campus and UAMC-South Campus. Already, a number of projects are underway that will further improve quality and patient safety.

The GMEC continues to work with affiliated institutions to increase resident participation on institutional hospital committees.

Resident Responsibilities

Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all University policies and procedures, including the provisions of the most current edition of the GME Policy and Procedure manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Resident Supervision

The ACGME Common Program Requirements that went into effect July 1, 2011 also addressed oversight of resident supervision and graded authority. Residents and faculty members should inform patients of their respective roles in each patient's care. Programs must clearly identify and document that the appropriate level of supervision is in place for all residents. To ensure oversight of resident supervision, programs must use the following classification of supervision: 1) direct supervision, 2) indirect supervision, and 3) oversight.

Dr. Heather Reed held a GME workshop in September that focused on better understanding and meeting the new ACGME requirements for resident supervision. Dr. Reed's presentation, "Supervision and Duty Hours—The New ACGME Focus!" is available on the GME Website.

Respectfully submitted,

Conrad Clemens, M.D., MPH
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official (DIO)

Institutional Duty Hours and the Learning and Working Environment Policy

UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
Graduate Medical Education Committee
Policies and Procedures

PURPOSE

The institution is charged with the oversight of the ACGME Resident Duty Hours Policy. It is necessary for all our ACGME accredited programs to achieve compliance and for the GME Office to monitor compliance. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. It is the responsibility of the program director to establish formal written policies governing resident duty hours and on-call schedules that are based upon educational rationale and patient need including continuity of care. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. The educational goals of the program must not be compromised by excessive reliance on residents to fulfill institutional service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energy. Program directors must ensure that residents are provided backup support when patient care responsibilities are difficult or prolonged. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The following policy outlines the procedures to be used by the GME Office.

POLICY

1. The GME Office will collect and maintain a file containing all of the individual program policies concerning resident duty hours. Individual programs must be in compliance with the following:

Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and moonlighting.

c. Duty periods of PGY 1 residents must not exceed 16 hours in duration.

d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties. At-home call cannot be assigned on these days.

e. Duty periods of PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

    1. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
    2. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
    3. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

        a. Under those circumstances, the resident must:

            i. appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

            ii. document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

        b. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

f. PGY 1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermedicate-level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

On-call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day, when residents are required to be immediately available in the assigned institution.

a. Residents must not be scheduled for more than six consecutive nights of night float.

b. PGY 2 residents and above must be scheduled no more frequently then every third night, for in-house call, averaged over a 4-week period.

c. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

   i. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

   ii. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

2. Individual programs will submit biannual reports, when requested by the GME Office, documenting the mechanisms utilized to assess compliance with ACGME Institutional and the relevant RRC duty hour requirements.

3. The GME Office will request action plans from individual programs that are felt to be not in compliance. The GME Office encourages programs to involve residents in the preparation of these plans. The GME Office will request monthly progress reports at the GMEC concerning program's efforts at compliance.

4. The GME Office will conduct focus group sessions with the residents participating in various rotations to assess not only compliance with the resident duty hour regulations, but also to assess educational aspects, resident stress and quality of life issues. The aid of the Housestaff Counselor will be enlisted in conducting these focus groups.

5. The Internal Review of programs will include specific questions concerning resident duty hours during the review of all programs. These reports will be included in the summaries submitted to the GMEC. The GME Office will submit a report to the Dean annually for submission to our governing body, the Arizona Board of Regents.

Effective: 7/01/2011
Revised: 12/20/2010
Reviewed: 06/09/2009